24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Vote!	C C00473918
Check if X 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee NGP Van Inc	Date of Public Distribution/Dissemination
	09 02 7 2016
Mailing Address 48 Grove St	Amount
Ste 202 City State Zip Code	710.03
Somerville MA 02144-2500	Transaction ID : VN7A7A2V859
Purpose of Expenditure	Date of Disbursement or Obligation
Mailhouse Category/ Type 004	M M / D D / Y Y Y Y
	e Sought:
Lisa Blunt Rochester Oppose	President Senate State: DE
Calendar Year-To-Date Per Election for Office Sought Disbute 2016	ursement For: ✓ Primary General Other (specify) ✓
Full Name of Payee	Date of Public Distribution/Dissemination
The Pivot Group, Inc.	09 / 02 / 2016
Mailing Address 1720 I St NW	Amount
Ste 550	04004.04
City State Zip Code Washington DC 20006-3741	21631.61 Transaction ID : VN7A7A2SJR6 Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse Category/ Type 004	09 01 2016
Name of Federal Candidate Support Offic	e Sought: 🗶 House District: 00
Lisa Blunt Rochester Oppose	President Senate State: DE
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary General Other (specify) ▶
_	
(a) SUBTOTAL of Itemized Independent Expenditures	22341.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	22341.64
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Caroline Fines [Electronically Filed] Date	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	